STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Prime Health Services Care Home II	**CHAPTER 100.1**
Address: **107B Kilea Place, Wahiawa, Hawaii 96786**	**Inspection Date: November 15, 2019 Annual**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute care giver (SCG) #2 - No physical examination (PE). Employed as a SCG until departure on 10/30/19.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute care giver (SCG) #2 - No physical examination (PE). Employed as a SCG until departure on 10/30/19.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** ALL SCG WILL NEED TO SUBMIT A COPY OF CURRENT PHYSICAL EXAM ON OR BEFORE ORIENTATION AND WILL ONLY BE SCHEDULE UPON RECEIVING A COPY OF CURRENT PHYSICAL EXAM.	3/3/20 TR

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #1 - Two step tuberculosis (TB) skin test was not place correctly. Step #1 placed 5/6/19 and step #2 placed 5/9/19. **Submit copy of one (1) additional TB skin test with the plan of correction (POC).**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** o DOCUMENTATION FOR TWO-STEP TB SKIN TEST FOR SCG#1 RECEIVED. SEE ATTACHMENT.	8/19/20 TD

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #1 - Two step tuberculosis (TB) skin test was not place correctly. Step #1 placed 5/6/19 and step #2 placed 5/9/19. **Submit copy of one (1) additional TB skin test with the plan of correction (POC).**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG WILL CHECK ALL 2 STEP PPD SKIN TEST SUBMITTED BY ALL SCG, NOTING THAT SKIN TEST WERE PLACE AT LEAST ONE WEEK APART, PCG INITIAL DOCUMENT AFTER VALIDITY IS CHECKED AND FILLED. INCOMPLETE SKIN TEST WILL NOT BE ACCEPTED AND WILL NOT BE SCHEDULED FOR ORIENTATION OR WORK.	5/18/2. TD

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Household member (HM) #1 - No documentation of an initial TB clearance. In addition, the screen for symptoms of TB was not dated. **Submit a copy with the POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** • DOCUMENTATION OF TB CLEARANCE, X-RAY AND SCREENING FOR SYMPTOMS OF TB RECEIVED. • SEE ATTACHMENT.	8/19/20 TB

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☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Household member (HM) #1 - No documentation of an initial TB clearance. In addition, the screen for symptoms of TB was not dated. **Submit a copy with the POC.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG WILL HAVE A CHECKLIST OF ALL REQUIREMENTS FOR HM AND WILL BE CHECK EVERY FIRST OF THE MONTH TO ENSURE THAT ALL DOCUMENTS ARE CURRENT.	3/3/20 TR

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☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Household member (HM) #1 - No documentation of an initial TB clearance. In addition, the screen for symptoms of TB was not dated. **Submit a copy with the POC.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** • PCC WILL DOUBLE CHECK WITH ANOTHER POC ALL DOCUMENTS SUBMITTED BY HOUSEHOLD MEMBERS FROM PCP TO ENSURE COMPLETENESS AND WILL INITIAL AT THE BOTTOM PAGE BEFORE FILLING AT THE CASE HOME FILES.	8/19/20 TA

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** HM #2 - No documentation of an initial TB clearance. In addition, the screen for symptoms of TB was not dated. **Submit a copy with the POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** • DOCUMENTATION OF TB CLEARANCE, X-RAY AND SCREENING FOR SYMPTOMS OF TB RECEIVED. • SEE ATTACHMENTS.	8/9/2 TR

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** HM #2 - No documentation of an initial TB clearance. In addition, the screen for symptoms of TB was not dated. **Submit a copy with the POC.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** • DOCUMENTATION OF TB CLEARANCE, X-RAY AND SCREENING FOR SYMPTOMS OF TB RECEIVED. • SEE ATTACHMENT 2. RC will have a checklist of all documents needed prior to move-in and I will check for completeness of all documents including dates, signatures etc. prior to filing at the completion point.	8/19/20 TR 8/27/20 TR

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☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #2 - No documentation of TB clearance. Employed as a SCG until 10/30/19.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	20 [illegible] 3 01:44

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #2 - No documentation of TB clearance. Employed as a SCG until 10/30/19.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** o PCG WILL GIVE NEW SCG's A CHECKLIST OF DOCUMENTS INCLUDING TB CLEARANCE THAT NEEDS TO BE COMPLETED AND SUBMITTED PRIOR INITIAL CONTACT WITH RESIDENTS AND SCG WILL ONLY ACCEPT COMPLETE DOCUMENTS AS LISTED ON CHECKLIST FOR REVIEW. AND ONLY AFTER REVIEWING ALL DOCUMENTS FOR COMPLETENESS AND VERIFIED CURRENT WILL SCG'S BE ALLOWED TO START ORIENTATION AND HAVE INITIAL CONTACTS WITH RESIDENTS.	8/19/20 TD

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #2 - No documentation of first aid certification. Employed as a SCG until 10/30/19.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	20 days from 12/5/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #2 - No documentation of first aid certification. Employed as a SCG until 10/30/19.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG WILL GIVE ALL NEW SCG'S A CHECKLIST OF DOCUMENTS INCLUDING FIRST AID CERTIFICATION THAT NEEDS TO BE COMPLETED AND SUBMITTED PRIOR INITIAL CONTACT WITH RECIPIENTS AND PCG WILL ONLY ACCEPT COMPLETE DOCUMENTS AS LISTED ON CHECKLIST FOR REVIEW. ONLY AFTER PCG REVIEWS ALL DOCUMENTS FOR COMPLETENESS AND VERIFIED CURRENT WILL SCG'S BE ALLOWED TO START ORIENTATION AND HAVE INITIAL CONTACT WITH RECIPIENTS.	8/10/20 PD

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #2 - No documentation of primary care giver training to make prescribed medication available to residents.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #2 - No documentation of primary care giver training to make prescribed medication available to residents.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG WILL HAVE A FOLDER FOR ALL SCG'S THAT CONTAINS A CHECKLIST OF ALL DOCUMENTS THAT NEEDS TO BE COMPLETED TO BEFORE & DURING ORIENTATION INCLUDING TRAINING HOW TO MAKE MEDICATIONS AVAILABLE TO RESIDENTS. PCG & SCG WILL BOTH INITIAL AND THE DATE IT WAS COMPLETED.	5/20/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG #2 - No documentation of cardiopulmonary resuscitation certification. Employed as a SCG until 10/30/19.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG #2 - No documentation of cardiopulmonary resuscitation certification. Employed as a SCG until 10/30/19.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG WILL HAVE A CHECKLIST OF REQUIREMENT FOR SCG WHICH INCLUDES CPR CERTIFICATION BEFORE STARTING ORIENTATION AND HAVE CONTACT WITH RECIPIENT.	3/3/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG #2 - No documentation of cardiopulmonary resuscitation certification. Employed as a SCG until 10/30/19.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG WILL REVIEW CHECKLIST WITH SCG AND WILL BOTH INITIAL/SIGN DATES THAT REQUIREMENTS WAS SUBMITTED INCLUDING CPR CERTIFICATION BEFORE ORIENTATION OR START TO WORK IS SCHEDULED.	5/21/20 TA

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures. **FINDINGS** Resident #1 - No documentation that the resident, resident's family was informed of all admission policies and procedures at the time of admission on 12/10/18.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG NOTIFIED RESIDENT'S FAMILY TO VIEW POLICY & PROCEDURES THAT WAS EXPLAINED BUT NOT VIEWED DURING ADMISSION AND WAS FILED AT THE RESIDENT'S CHART.	5/20/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures. **FINDINGS** Resident #1 - No documentation that the resident, resident's family was informed of all admission policies and procedures at the time of admission on 12/10/18.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG WILL BE KEEPING AND EXPLAINING CONFIDENTIAL POLICIES AND PROCEDURES TO RESIDENT'S RESPONSIBLE PARTY UPON ADMISSION AND BY HAVING THEM HE/SHE HAVE AGREED AND UNDERSTOOD IT'S ENTIRETY AND WILL BE DOCUMENTED IN RESIDENT'S PROGRESS NOTES. • PCG WILL USE ADMISSION CHECKLIST TO ENSURE GENERAL ORIENTATION PACKET IS RECEIVED WITH SIGNATURE OF THE RESIDENT AND/OR RESIDENT PARTY.	8/19/20 08/27/20 JM

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. **FINDINGS** Resident #2 - Lunch consisting of beef stew and rice were pureed together. There was no documentation that the resident preferred to have it blended together.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG WROTE A LATE ENTRY DOCUMENTING ~~REFUSABLE~~ REFUSAL PREFERENCE AND BETTER APPETITE NOTED WHEN BEEF STEW AND RICE ARE BLENDED TOGETHER.	3/30/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. **FINDINGS** Resident #2 - Lunch consisting of beef stew and rice were pureed together. There was no documentation that the resident preferred to have it blended together.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG ADVISED ALL PCG'S TO PROVIDE DIET AND TEXTURE TO RESIDENT AND FOLLOW DIET AS ORDERED. ASSIST RESIDENTS WHO NEED AS NEEDED AND NOT HAVING THEM EAT FOOD ONE FOOD TYPE/PORTION AT A TIME. NOTIFY PCG FOR FOOD PREFERENCES AND APPETITE. PCG & PCG'S SERVING MEALS SEPARATE EACH MEAL ON PLATE WHILE EATING.	8/19/20 TR 8/27/20 M

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. **FINDINGS** Resident #2 - Lunch consisting of beef stew and rice were pureed together. There was no documentation that the resident preferred to have it blended together.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** REVIEW ALL CGA'S TO NOTIFY PCP FOR RESIDENT'S FOOD PREFERENCE AND APPETITE. PCP WILL NOTIFY DIETITIAN AND RESIDENT'S PCP FOR ANY RECOMMENDATION IN ORDER AS NEEDED. PCP will monitor residents food preferences in the progress note. CGA will report to PCP residents refusals to monitor weight discrepancy diet.	8/19/20 PD 8/27/20 PD

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** No pureed consistency diet menu. The regular diet menu was pureed. The menu contained mixed fruit (grapes served for lunch on 11/15/19) and mixed vegetables which were frozen carrots, green peas and corn.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG NOTIFIED REGISTERED DIETITIAN REGARDING REQUIRED CHANGES DIET ORDER AND REQUESTED A FOUR WEEK PUREED CONSISTENCY DIET MENU.	1/20/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** No pureed consistency diet menu. The regular diet menu was pureed. The menu contained mixed fruit (grapes served for lunch on 11/15/19) and mixed vegetables which were frozen carrots, green peas and corn.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCC WILL NOTIFY DIETITIAN FOR REQUESTS SPECIAL DIET ALTERED VIA PHONE AND WILL HAVE CORRESPONDING SPECIAL DIET MENU AVAILABLE FOR CORRECTLY AS SOON AS POSSIBLE WITHIN THE SAME DAY. PCC WILL DISCUSS SPECIAL DIET MENU TO ALL PCC'S AND SHALL BE MADE AVAILABLE TO DIETITIANS IF ALTERED.	8/19/20 TB

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #2 - No diet order. "Pureed, nectar liquids" ordered 7/24/19 only referred to the consistency but not the type of diet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG NOTIFIED RESIDENT'S POA TO CLARIFY DIET ORDERED TO "REGULAR DIET PUREED CONSISTENCY, NECTAR THICKENED LIQUIDS USING COMMERCIAL THICKENER (THICK-IT)."	3/3/20

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☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #2 - No diet order. "Pureed, nectar liquids" ordered 7/24/19 only referred to the consistency but not the type of diet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCC WILL NOTIFY PHYSICIAN VIA PHONE IMMEDIATELY AND VERIFY THE COMPLETENESS OF RESIDENTS SPECIAL DIET ORDERS UPON RECEIPT, AND PCC WILL UPDATE ALL PCCPs FOR ANY SPECIAL INSTRUCTIONS FROM PHYSICIAN AND WILL REPORT IN-SERVICE FOR STAFF AS NEEDED. PCC WILL REVIEW DIET ORDERS TO ENSURE THAT TYPE OF DIET AND IF THE ORDERS ARE INCOMPLETE, WILL CLARIFY THE ORDERS W THE PHYSICIAN.	8/9/20 PR 8/27/20 PR

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (m) A business entity operating more than one Type I ARCH, shall utilize a registered dietitian to assist in the planning of menus and provide special diet consultation, as needed. The consultant shall provide special diet training to food preparation staff to ensure competency. **FINDINGS** All SCGs - No training for pureed consistency diet and modified consistency fluids (nectar liquids) by the registered dietitian. **Submit a copy of the registered dietitian contract for services.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG NOTIFIED DIETITIAN IN-SERVICE AND SCHEDULED IN-SERVICE TO ALL SCG ON HOW TO PREPARE PUREED CONSISTENCY DIET AND MODIFIED CONSISTENCY FLUIDS.	3/3/20 PR

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☒	§11-100.1-13 Nutrition. (m) A business entity operating more than one Type I ARCH, shall utilize a registered dietitian to assist in the planning of menus and provide special diet consultation, as needed. The consultant shall provide special diet training to food preparation staff to ensure competency. **FINDINGS** All SCGs - No training for pureed consistency diet and modified consistency fluids (nectar liquids) by the registered dietitian. **Submit a copy of the registered dietitian contract for services.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCC WILL NOTIFY DIETITIAN VIA PHONE IMMEDIATELY AND VERIFY THE COMPLETENESS OF DIETARY SPECIAL DIET ORDERS UPON RECEIPT, PCC WILL ~~ADVISE~~/ARCHIVE ANY SPECIAL INSTRUCTIONS FROM DIETITIAN. DON WILL REPORT ON IN-SERVICE AT SOON AS POSSIBLE. IN-SERVICE FORMS WILL BE PROVIDED AND SIGNED BY DIETITIAN.	8/19/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 - "Centrum Silver oral tab take one tab by mouth daily" ordered 8/21/18; however, has not been updated. "Centrum Silver multivitamins" taken by the resident and recorded on the medication record.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG MODIFIED REQUEST PCP AND MEDICATION RECORD WAS FAXED TO BE UPDATED BY SIGNING AND FAXED BACK AND RETURN FAX TO PRIVATE HEALTH SERVICES CARE HOME AT USUAL AS POSSIBLE.	5/20/20 PD

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☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 - "Centrum Silver oral tab take one tab by mouth daily" ordered 8/21/18; however, has not been updated. "Centrum Silver multivitamins" taken by the resident and recorded on the medication record.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** MEDICATION RECORD UPDATED BY NURSE PCP - ADVISED TO CONTINUE CURRENT MEDICATIONS AS ORDERED.	8/19/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 - "Centrum Silver oral tab take one tab by mouth daily" ordered 8/21/18; however, has not been updated. "Centrum Silver multivitamins" taken by the resident and recorded on the medication record.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG WILL BE TAKING KEYWENDT CHART INCLUDING MEDICATION RECORD DURING FOLLOW-UP VISIT AND HAVE PCP REVIEW, UPDATE AND SIGN EACH PAGE.	5/20/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 - The November 2019 medication record was not initialed by the care giver for the following days: • 11/12/19 p.m. medication • 11/13-15/19 all medication	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 - The November 2019 medication record was not initialed by the care giver for the following days: • 11/12/19 p.m. medication • 11/13-15/19 all medication	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG ADVISED ALL HCG TO INITIAL/SIGN MEDICATION RECORD RIGHT AFTER MEDICATIONS ARE GIVE AVAILABLE TO RESIDENT AND PCG WILL CHECK MEDICATION RECORD EVERY LAST DAY OF THE MONTH TO ENSURE EVERYTHING IS SIGNED BEFORE FILLING AT RESIDENT CHART.	3/3/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(2) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Recording of identifying information such as resident's name, social security number, racial extraction, marital status, date of birth, sex, and minister or religious denomination, and information about medical plan or coverage; **FINDINGS** Resident #1 - Emergency Information sheet was incomplete. Page 2 of the two (2) page form was not completed.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCC COMPLETED MISSING INFORMATION ON PAGE #2 OF RESIDENT'S INFORMATION SHEET.	3/3/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(2) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Recording of identifying information such as resident's name, social security number, racial extraction, marital status, date of birth, sex, and minister or religious denomination, and information about medical plan or coverage; **FINDINGS** Resident #1 - Emergency Information sheet was incomplete. Page 2 of the two (2) page form was not completed.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG WILL MAKE A BACK-TO-BACK ONE PAGE COPY ONLY FOR RESIDENT EMERGENCY INFORMATION AND WILL INITIAL EACH PAGE AFTER COMPLETED.	5/7.21/20 TC

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 - No current PE. **Submit a copy with the POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** • ~~TREATMENT~~ FOLLOW-UP VISITS WITH POC FOR ANNUAL P.E. AND DOCUMENTATION ~~RECEIVED~~. • SEE ATTACHMENT.	8/19/20 TL

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 - No current PE. **Submit a copy with the POC.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** • PCC WILL BE GIVING RESIDENT'S POA ANNUAL P.E. FORM DURING FOLLOW-UP VISIT TO BE COMPLETED IF DUE OR WILL BE RE-SCHEDULED. PCC WILL CREATE A CHECKLIST OF UPDATED VACCINES ANNUALLY E.G. P.C, TB SKIN TEST, FLU SHOT ETC. I WILL REVIEW CHECKLIST EVERY FIRST WEEK OF THE MONTH (1) I CAN SCHEDULE THE VISIT ONE MONTH BEFORE IT EXPIRES.	8/19/20 TD 8/27/20 TD

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #2 - No documentation of tolerance to pureed consistency meals and modified consistency liquids. No physician order for the type of thickening agent used for the modified consistency liquid.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCC WROTE A LATE ENTRY IN THE PROGRESS NOTES REGARDING RESIDENT TOLERANCE TO PUREED CONSISTENCY MEALS AND MODIFIED CONSISTENCY LIQUIDS. REQUESTED TO CORRECT ORDER TO "REGULAR DIET PUREED CONSISTENCY, NECTAR THICKENED LIQUIDS USING COMMERCIAL THICKENER (THICK-IT)."	3/3/15

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #2 - No documentation of tolerance to pureed consistency meals and modified consistency liquids. No physician order for the type of thickening agent used for the modified consistency liquid.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCC WILL NOTIFY DIETITIAN IMMEDIATELY W/O NEW WRITTEN SPECIAL DIET ORDER IS RECEIVED, PCC WILL VERIFY COMPLETENESS OF ORDER INCLUDING TYPE OF THICKENER TO BE USED. COMPLETED SPECIAL DIET ORDERED WILL BE FAXED TO DIETITIAN PCC TO INITIATE. TOLERANCE TO SPECIAL DIET WILL BE DOCUMENTED IN THE PROGRESS NOTES.	8/19/20 TJ

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #1 - Inventory of possessions did not include the resident's walker.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG WROTE A LATE ENTRY AND INCLUDED "FRONT WHEEL WALKER" TO THE RESIDENT INVENTORY OF POSSESSIONS.	3/3/20 AD

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #1 - Inventory of possessions did not include the resident's walker.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** • PCC ASKED ALL HOOS TO WRITE VERIFIED INITIALS TO ALL ITEMS RECEIVED AND WILL BE ADDED TO RESIDENTS INVENTORY FORM, INDICATE NAME OF PERSON WHO BROUGHT IT AND DATE & TIME. • NOTIFY PCC TO VERIFY IF ANY ITEM IS NEED. PCC WILL CHECK RESIDENTS BELONGINGS EVERY FIRST WEEK OF THE MONTH & ENSURE THAT EVERYTHING IS WRITTEN OR DOCUMENTED ON THE RESIDENTS LIST OF BELONGINGS.	8/19/20 TR 8/24/20 M

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; **FINDINGS** For the wheelchair ramp at the back exit, the base of the ramp was partially obstructed by the washer & dryer. There was insufficient space at the base of the ramp for a wheelchair to descend the ramp safely.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG MOVED THE WASHER & DRYER TO PROVIDE MORE SUFFICIENT SPACE AT THE BASE OF THE RAMP FOR RESIDENTS BE ABLE TO DESCEND SAFELY.	3/3/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; **FINDINGS** For the wheelchair ramp at the back exit, the base of the ramp was partially obstructed by the washer & dryer. There was insufficient space at the base of the ramp for a wheelchair to descend the ramp safely.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** • PCG will use checking for any obstruction on all exit pathways during rounds, clean/fix any obstruction found & advise all YCG's to maintain exit pathways free & clear of any obstructions. • Notify PCG immediately if there is any safety issues/hazards found in the cottage.	8/19/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident; **FINDINGS** For three (3) non-self-preserving residents, there is one (1) care giver in the evening and at night. Staffing is scheduled 24/7. There is no live-in care giver.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** • VCG NOTIFIED VENDOR'S PCP DURING FOLLOW-UP VISIT, RE-EVALUATED & VENDOR WAS ADVISED TO HELP-PERSONS • ADDITIONAL VCG INSTALLED. THERE ARE 2 NON-CPC RESIDING RESIDENTS AND I WILL HAVE 2 CAREGIVERS 24/7.	8/19/20 M 8/24/20 M

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident; **FINDINGS** For three (3) non-self-preserving residents, there is one (1) care giver in the evening and at night. Staffing is scheduled 24/7. There is no live-in care giver.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** • PCG WILL HAVE ADDITIONAL VCG/ RESPONSIBLE ADULT 24/7 REQUIRED FOR NON-SELF-PRESERVING RESIDENT RESIDING AT THE CORE HOME. PCG will review resident self preservation form and will maintain only 2 non-self-preserving. I will either transfer other non-self-preserving to any other ARCHF or other facility.	8/9/20 M 8/27/20 M

Licensee's/Administrator's Signature: _____

Print Name: RAFAEL "RYAN" ANTONIO

Date: 3/3/20

Licensee's/Administrator's Signature: _____

Print Name: RAFAEL ANTONIO

Date: 7/20/20

Licensee's/Administrator's Signature: _____

Print Name: RAFAEL ANTONIO

Date: 8/18/20

_____

RAFAEL ANTONIO

8/27/20